## **UNITED STATES DISTRICT COURT**

		District of	0	REGON, MEDFO	ORD DIVISIO	N	
John Malaer Plaintiff (s), V.			CONSENT ORDER GRANTING SUBSTITUTION OF ATTORNEY				
City of Medford and Jacks	on County et al.	CAS	e Numbed	: 1:20-cv-00049	-CI		
•	Defendant (s),	CAS	E NUMBER	1.20 01 000-10			
Notice is hereby given that, subject to appro		oval by the court,	City Defend	dants (Party (s) Name)		substitutes	
Emily Perkins		, Sta	te Bar No.	222553	_as counsel	of record in	
(Name of	New Attorney)						
place of Alicia M. Wilson	0.					·	
(Name of Attorney (s) Withdrawing Appearance)							
Contact information for new of	counsel is as follows:						
Firm Name:	Hutchinson Cox LLC						
Address: 940 Willamette Street, Suite 400, Eugene OR 97440							
Telephone:		Facsimile	(541) 343-8693				
E-Mail (Optional):	acoit@eugenelaw.co	m					
I consent to the above substitution.  Date: 1/12/24				Attorney - chi (Signature of)		sontative	
I consent to being substituted.							
Date: 1/2/24	•	(1)	licia WW	m			
I consent to the above substitute Date: 1/12/24	ation.	,	Emily	(Signature of Forme	Kive		
The substitution of attorney is	hereby approved and	so ORDERED.					
Date:				Judge	3		

[Note: A separate consent order of substitution must be filed by each new attorney wishing to enter an appearance.]

## UNITED STATES DISTRICT COURT

		District of	OREGON, MEDFORD DIVISION		ISION	
John Malaer Plaintiff (s),		CONSENT ORDER GRANTING SUBSTITUTION OF ATTORNEY				
V.						
City of Medford and Jackson County et al.		CAS	E NUMBER:	1:20-cv-00049-CL		
	Defendant (s),					
Notice is hereby give	n that, subject to appro	oval by the court,	City Defend	ants (Party (s) Name)	substitutes	
Andrea D. Coit		, Sta	ite Bar No. 0	02640 as cou	nsel of record in	
(Name o	( New Attorney)	,,,,	•			
place of Alicia M. Wilson						
	(Na	me of Attorney (s) With	drawing Appearan	ce)		
			*			
Contact information for new						
Firm Name: Hutchinson Cox LLC						
Address:	t, Suite 400, Eug	-				
Telephone:	(541) 686-9160		_Facsimile <u>(</u>	541) 343-8693		
E-Mail (Optional):	acoit@eugenelaw.co	m				
I consent to the above substitution.  Date: ///2/4				Attorney - chient of (Signature of Party (s))	epresentatie	
I consent to being substituted						
Date: 1/12/24		_ Wil	(Signature of Former Attorney	(s))		
I consent to the above substitution.  Date: 1/12/24				(Signature of New Attorney)		
The substitution of attorney i	s hereby approved and	so ORDERED.				
Date:				Judge		

[Note: A separate consent order of substitution must be filed by each new attorney wishing to enter an appearance.]